	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto	 	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7. 8.	Surety Boiler and Machinery		
o. 9.	Fire	4,222	+0.4%
		4,222	TU.470
10.	Extended Coverage		-
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14. 15.	Crop Hail Other		
13.	Line of Insurance		
oes f	iling only apply to certain territory (t	erritories) or certain classes? If so, specify:	
No rief o	description of filing. (If filing follow	rs rates of an advisory organization, specify	organization):
No Brief o	description of filing. (If filing follow		organization):
No Brief o Ado	description of filing. (If filing follow pt ISO Loss Cost Revision De	es rates of an advisory organization, specify signation Number CF-2009-RLA1 in	organization):
No Brief o Ado * A	description of filing. (If filing follow pt ISO Loss Cost Revision De	es rates of an advisory organization, specify signation Number CF-2009-RLA1 in the second sec	organization):
* A	description of filing. (If filing follow pt ISO Loss Cost Revision De	es rates of an advisory organization, specify signation Number CF-2009-RLA1 in the second sec	organization):
No rief c Ado * A * C	description of filing. (If filing follow pt ISO Loss Cost Revision De	es rates of an advisory organization, specify signation Number CF-2009-RLA1 in the second sec	organization):
No Brief o Ado * A	description of filing. (If filing follow pt ISO Loss Cost Revision De	es rates of an advisory organization, specify signation Number CF-2009-RLA1 in the second sec	organization):
No Brief of Ado * A * C	description of filing. (If filing follow pt ISO Loss Cost Revision De	es rates of an advisory organization, specify signation Number CF-2009-RLA1 in the second sec	organization): n Illinois.
rief o	description of filing. (If filing follow pt ISO Loss Cost Revision De	es rates of an advisory organization, specify signation Number CF-2009-RLA1 in the second sec	organization):
rief o	description of filing. (If filing follow pt ISO Loss Cost Revision De	es rates of an advisory organization, specify signation Number CF-2009-RLA1 in the second sec	organization): n Illinois. American Insurance
No rief c Ado * A * C	description of filing. (If filing follow pt ISO Loss Cost Revision De	es rates of an advisory organization, specify signation Number CF-2009-RLA1 in es. es. which will	organization): n Illinois. American Insurance
No rief c Ado * A * C	description of filing. (If filing follow pt ISO Loss Cost Revision De	es. which will ACE Com	organization): n Illinois. American Insurance pany Name of Company
rief c Ado	description of filing. (If filing follow pt ISO Loss Cost Revision De	es. which will ACE Com	organization): n Illinois. American Insurance
No Brief o Ado * A	description of filing. (If filing follow pt ISO Loss Cost Revision De	es. which will ACE Com	organization): n Illinois. American Insurance pany Name of Company ert J. Reilly, Vice

Official - Title

Insurance C	(3)
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 1,326,656 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filling only apply to certain territory (territories) or certain classes? If so, specify: No prief description of filing. (If filing follows rates of an advisory organization, specify organization of the company's premium level which will result from application of new rates. ACE Prope Insurance ACE Prope Insurance ACE Prope Insurance ACE Prope Insurance	Percent
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 1,326,656 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filling only apply to certain territory (territories) or certain classes? If so, specify: No prief description of filing. (If filing follows rates of an advisory organization, specify organization in Illino Adopt ISO Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adopt Iso Company's premium level which will result from application of new rates. ACE Properations ACE Properation Automobile Private Insurance of the Action of the	Change (+ or -)**
Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Glass Fidelity Surety Boiler and Machinery Fire Inland Marine Line of Insurance est filing only apply to certain territory (territories) or certain classes? If so, specify: Indeptity If Inland Marine Line of Insurance Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Prope Insurance ACE Prope Insurance ACE Prope Insurance	
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 1,326,656 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: Ido Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Prope Insurance of	
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire 1,326,656 Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: for description of filing. (If filing follows rates of an advisory organization, specify organization to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Prope Insurance ACE Prope Insurance	
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 1,326,656 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance es filling only apply to certain territory (territories) or certain classes? If so, specify: Ido Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Prope Insurance ACE Prope Insurance	
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 1,326,656 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: Ido Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Prope Insurance ACE Prope Insurance	
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 1,326,656 9. Extended Coverage 1. Inland Marine 2. Homeowners 8. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: Interpretation of filing (If filing follows rates of an advisory organization, specify organization to the file of the	
Glass Glass Gridelity Grid	
Surety Boiler and Machinery Fire Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: of description of filing. (If filing follows rates of an advisory organization, specify organization triple of the properties of the prop	
8. Boiler and Machinery 9. Fire 1,326,656 9. Extended Coverage 1. Inland Marine 2. Homeowners 8. Commercial Multi-Peril 9. Crop Hail 9. Other 1. Line of Insurance 2. Line of Insurance 3. Commercial Multi-Peril 4. Crop Hail 5. Other 6. Line of Insurance 6. Line of Insurance 6. Line of Insurance	
Boiler and Machinery Fire 1,326,656 Extended Coverage Inland Marine Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: Ide description of filing. (If filing follows rates of an advisory organization, specify organization to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Of the content of	
9. Fire 1,326,656 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance 6. Des filing only apply to certain territory (territories) or certain classes? If so, specify: No specify organization of filing. (If filing follows rates of an advisory organization, specify organization In Illino Adopt ISO Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company Specification of the proper Insurance C	
0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No Description of filing. (If filing follows rates of an advisory organization, specify organization of the second of the s	10.40/
1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No Prief description of filing. (If filing follows rates of an advisory organization, specify organization In Illino Adopt ISO Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company	+0.4%
2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance bes filing only apply to certain territory (territories) or certain classes? If so, specify: No rief description of filing. (If filing follows rates of an advisory organization, specify organization to the second of the second	
3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No Dief description of filing. (If filing follows rates of an advisory organization, specify organization ISO Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company Co	
4. Crop Hail 5. Other Line of Insurance bes filing only apply to certain territory (territories) or certain classes? If so, specify: No rief description of filing. (If filing follows rates of an advisory organization, specify organization ISO Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance C	
Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No Prief description of filing. (If filing follows rates of an advisory organization, specify organization and the second seco	
Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No Prief description of filing. (If filing follows rates of an advisory organization, specify organization to Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company or Control of Section 1.	
bes filing only apply to certain territory (territories) or certain classes? If so, specify: No ief description of filing. (If filing follows rates of an advisory organization, specify organization Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company	
rief description of filing. (If filing follows rates of an advisory organization, specify organization ISO Loss Cost Revision Designation Number CF-2009-RLA1 in Illino * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company is premium level.	
rief description of filing. (If filing follows rates of an advisory organization, specify organization ISO Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company or Service Proper Insurance Proper Insurance Company or Service Proper Insurance Company or Service Proper Insurance Proper I	
Adopt ISO Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company in Control of the	
Adopt ISO Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company in Control of the	
Adopt ISO Loss Cost Revision Designation Number CF-2009-RLA1 in Illino Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company Acres 2009-RLA1 in Illino ACE Proper Insurance 2009-	vation):
Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company Action 1.5 Action 1	
Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company's premium level which will result from application of new rates.	
Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company's premium level which will result from application of new rates.	
Change in Company's premium level which will result from application of new rates. ACE Proper Insurance Company's premium level which will result from application of new rates.	
result from application of new rates. ACE Proper Insurance Control of the ACE Proper Insurance Contro	
ACE Prope	
Insurance C	erty & Casualty
	•
	ne of Company
	vi company
Robert J. R	eilly Vice
President	Lilly, vice

Form (RF-3)	SUMMARY SHEET	
Change in Compa revision effective	any's premium or rate level produced by rate 04/01/10	<u>-</u> ·
(1) Coverage	(2) Statewide Annual Premium Volume *	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Dan Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire & Allied 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance	\$1,471,137	+0.4
	iling follows rates of an advisory organization, s Il Fire and Allied Lines Loss Costs , reference d	
* Adjusted to reflect all prior ** Change in Company's pre	rate changes. mium level which will result from application of r	new rates.
	AIG Casualty Company Name of Company	
	Joan D. Baskerville, Filings Analyst	

Official - Title

SUMMARY SHEET

	Change in Company's premium or rat	e level produced by rate revision effective	October 19, 2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		-
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		200
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	124,049	-0.4%
10.	Extended Coverage	83,164	-0.4%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Total of All Other	215,751	0
	Comml Pr Cov &		
	Pgms		
	Line of Insurance		
		erritories) or certain classes? If so, specify:	
N/A			
Brief (description of filing (If filing follows	rates of an advisory organization, specify of	organization):
		Loss Cost Revision - CF-2009-RLA	
	Tidopt 100	TOOL CONTROLLED OF BOOK INDIE	

American Auto Ins Co
Name of Company

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

For	m (RF-3) SUM	MARY SHEET	
	Change in Company's prem revision effective04/01	ium or rate level produced by rate /10	
	(1)	(2) Statewide Annual	(3) Percent Change
	Coverage	Premium Volume *	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	***************************************	
	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire & Allied	213,843	+0.4
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory((s) or certain class(s)? If so, specify:	
		s rates of an advisory organization, sp Allied Lines Loss Costs , reference do	
	Adjusted to reflect all prior rate chang Change in Company's premium level	ges. Which will result from application of n	ew rates.
	Americar	n Home Assurance Company	
	-,,	Name of Company	
	loop D. P.	taskanvilla Filings Analyst	
		Baskerville, Filings Analyst Official - Title	
	· · · · · · · · · · · · · · · · · · ·	Official Hill	

	Change ir	n Company's premium or ra	te level produced by rate revision effective	October 19, 2009
		(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
		Coverage	volume (minois)	Change (1 of -)
1.		obile Liability		
		te Passenger	***	
		nercial		
2.	Privat	obile Physical Damage te Passenger nercial		
3.		ty Other Than Auto		
<i>3</i> . 4 .		ry and Theft		
5.	Glass	ly and Inon		
6.	Fidelity	v		
7.	Surety	,		
8.	•	and Machinery		
9.	Fire	•	292,643	-1.1%
10.	Extend	led Coverage	154,303	-1.1%
11.	Inland	Marine		
12.	Homeo			
13.		ercial Multi-Peril		****
14.	Crop H	Iail		
15.	Other	Total of All Other	1,959,874	0
		Comml Pr Cov &		
		Pgms		
		Line of Insurance		
		apply to certain territory (to	erritories) or certain classes? If so, specify:	
N/A				
			s rates of an advisory organization, specify of	
Con	mercial	Property - Adopt ISO	Loss Cost Revision - CF-2009-RLA	1

The American Ins Co Name of Company

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

	Change ir	n Company's premium or ra	te level produced by rate revision effective	October 19, 2009
		(1)	(2) Annual Premium	(3) Percent
		<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		obile Liability te Passenger		
		nercial		
2.	Privat	obile Physical Damage te Passenger nercial		
3.		ty Other Than Auto		
4.		ry and Theft		
5.	Glass	., and inon		
6.	Fidelity	У		
7.	Surety	,		
8.	Boiler	and Machinery		
9.	Fire		76,377	-2.5%
10.	Extend	ed Coverage	46,783	-2.5%
11.	Inland	Marine		
12.	Homeo			
13.		ercial Multi-Peril		
14.	Crop H			
15.	Other	Total of All Other	155,853	0
		Comml Pr Cov &		
		Pgms		
		Line of Insurance		
		apply to certain territory (to	erritories) or certain classes? If so, specify:	
N/A				
D . C		CC1: (ICC1: C1)		
			s rates of an advisory organization, specify of	
Con	ımercial	Property - Adopt ISO	Loss Cost Revision - CF-2009-RLA	

Associated Indemnity Corp Name of Company

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/31/2010

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
_	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	1,805,955	-5.0%
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		•
	Line of Insurance		
Doe	es filing only apply to certain territory	(territories) or certain classes? If so, specify:	No
	of description of filing (If filing follows	rates of an advisory organization, specify org	anization).
	g to adopt ISO Loss Costs and Rules and revise		
- 11111	g to adopt 100 2003 000to and rates and roving	5.011.0.	Maria Maria Maria
	ljusted to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rates.	
		Citizane Incu	rance Company of America
			ame of Company
		140	and or company
		Michele L.	Holm - Pricing Consultant
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/31/2010 (3) (2) (1) **Percent Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** -3.4% 93,265 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt ISO Loss Costs and Rules and revise LCM's. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Citizens Insurance Company of Illinois Name of Company Michele L. Holm - Pricing Consultant

Official - Title

	Change in Company's pre revision effective 1/1/10	emium or rate level produced b	by rate
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	1,198,427	+1.1%
10.	Extended Coverage	1,198,427	+1.1%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Y	es filing only apply to certain territory (es, see Summary Page 1 for breakdo	own of changes by Type of Busine	ess.
	evising Type of Business Factors and P-F-104.	d rules for Business Income-Prem	ier Select Changes
** C	Adjusted to reflect all prior rate cha change in Company's premium level will result from application of new rates	vhich	
			e of Company Mutual Insurance Company
		Title	Official - nd Demmel

Change in Company's premium or rate level produced by rate revision effective 4/1/10

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	<u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	1,246,934	-0.1%
10.	Extended Coverage	1,246,934	-0.1%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe N	es filing only apply to certain territory		so, specify:
	of description of filing. (If filing follows dopting ISO Loss Costs from Circular		n, specify organization):
* C	djusted to reflect all prior rate change in Company's premium level vill result from application of new rate	vhich	
		Federated O	ne of Company I Mutual Insurance Company fficial – Title
		Howar	d Jammel

Change in Company's premium or rate level produced by rate revision effective __4/1/10 _____ .

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	<u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	196,208	-1.0%
10.	Extended Coverage	196,208	-1.0%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
10.	Line of Insurance	*************************************	
	es filing only apply to certain territory (t		so, specify:
	of description of filing. (If filing follows dopting ISO Loss Costs from Circular		n, specify organization):
'* C	Adjusted to reflect all prior rate cha Change in Company's premium level will result from application of new rates	hich Nan Federated	ne of Company Service Insurance Company Official – Title

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
•	Automobile Liability Private Passenger		
	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire	200,728	+1.1%
	Extended Coverage	200,728	+1.1%
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	44.	
	Crop Hail		
	Other		
	Line of Insurance		
	s filing only apply to certain territory (
	description of filing. (If filing follows vising Type of Business Factors and		
CF Ac Ch	ljusted to reflect all prior rate cha lange in Company's premium level w I result from application of new rates	hich	
CF Ad Ch	ljusted to reflect all prior rate cha lange in Company's premium level w	/hich Nan	ne of Company
CF Ad Ch	ljusted to reflect all prior rate cha lange in Company's premium level w	vhich Nan Federated	ne of Company Service Insurance Compa Official – Title

SUMMARY SHEET

	Change in Company's premium or rate	e level produced by rate revision effective	October 19, 2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger		
3.	Commercial Liability Other Than Auto		
3. 4.	Burglary and Theft	-	
4. 5.	Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	212,173	-0.5%
10.	Extended Coverage	175,211	-0.5%
11.	Inland Marine	173,211	0.370
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Total of All Other	3,432,347	0
	Comml Pr Cov &	-,,	
	Pgms		
	Line of Insurance		
	Diffe of Institution		
Does f	iling only apply to certain territory (te	rritories) or certain classes? If so, specify:	
N/A			
		rates of an advisory organization, specify of	
Con	nmercial Property - Adopt ISO I	Loss Cost Revision - CF-2009-RLA	<u> </u>

Fireman's Fund Insurance Co
Name of Company

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

Forr	n (RF-3)	SUMMARY SHEET	
		oremium or rate level produced by rate 4/01/10	
	(1)	(2) Statewide Annual	(3) Percent Change
	Coverage	Premium Volume *	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
	Liability Other Than Auto		
	Burglary and Theft Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire & Allied	4,269,020	+0.4
	Extended Coverage		
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
Doc	os filing only apply to cortain terr	itory(s) or certain class(s)? If so, specify:	
DOE	s liling only apply to certain term	itory(s) or certain class(s): 11 so, specify.	
Brie	f description of filing. (If filing fo	ollows rates of an advisory organization, sp	pecify organization):
Add	ption of ISO's Commercial Fire	and Allied Lines Loss Costs, reference do	ocument LI-CF-2009-RLA1
	Adjusted to reflect all prior rate of		
** (Change in Company's premium	level which will result from application of n	new rates.
	Gran	nite State Insurance Company	
	Glai	Name of Company	
	Joan	D. Baskerville, Filings Analyst	
		Official - Title	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/31/2010 (3) (1) (2) **Annual Premium Percent** Change (+ or -)** Volume (Illinois)* Coverage **Automobile Liability Private Passenger Commercial** 2. Automobile Physical Damage **Private Passenger Commercial** 3. Liability Other Than Auto **Burglary and Theft** 4. 5. Glass 6. Fidelity Surety 7. **Boiler and Machinery** 8. -3.5% 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt ISO Loss Costs and Rules and revise LCM's. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Hanover Insurance Company Name of Company

Michele L. Holm - Pricing Consultant
Official - Title

Form (RF-3)		SUMMARY SHEET	
	Change in Company revision effective	r's premium or rate level produced by rate 04/01/10	
	(1) Coverage	(2) Statewide Annual Premium Volume *	(3) Percent Change (+ or -)**
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Dama: Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire & Allied Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance		+0.4
Brie	of description of filing. (If filing	territory(s) or certain class(s)? If so, specify: g follows rates of an advisory organization, specify and Allied Lines Loss Costs, reference do	pecify organization): ocument LI-CF-2009-RLA1.
	Adjusted to reflect all prior ra Change in Company's premi	ate changes. um level which will result from application of n	ew rates.
	<u>_II</u>	llinois National Insurance Co.	
	_	Name of Company	
	<u>J</u>	oan D. Baskerville, Filings Analyst Official - Title	

	(1)	(2)	(3) Percent
	Coverage	Annual Premium Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	**************************************	
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
4. 5.	Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	21,676	+0.4%
10.	Extended Coverage	23,010	. 0. 170
11.	Inland Marine		
12.	Homeowners	***************************************	
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
oes t No		territories) or certain classes? If so, specify	
		rs rates of an advisory organization, specify signation Number CF-2009-RLA1 is	
* C	djusted to reflect all prior rate change hange in Company's premium level vesult from application of new rates.	es. vhich will	
* C	hange in Company's premium level v	es. vhich will	
* C	hange in Company's premium level v	es. vhich will	
* C	hange in Company's premium level v	vhich will	rance Company of North
* C	hange in Company's premium level v	vhich will Insu:	
* C	hange in Company's premium level v	vhich will	
* C	hange in Company's premium level v	vhich will Insu: Ame	Name of Company
* C	hange in Company's premium level v	vhich will Insu: Ame	Name of Company ert J. Reilly, Vice

Forr	n (RF-3) <u>SUM</u>	MARY SHEET	
	Change in Company's prem revision effective04/01	ium or rate level produced by rate /10	_·
	(1)	(2) Statewide Annual	(3) Percent Change
	Coverage	Premium Volume *	(+ or -)**
	Automobile Liability Private Passenger Commercial Automobile Physical Damage		
	Private Passenger Commercial		
4.	Liability Other Than Auto Burglary and Theft Glass		
6.	Fidelity Surety		
9.	Boiler and Machinery Fire & Allied	8,096,847	+0.4
11.	Extended Coverage Inland Marine Homeowners		
13.	Commercial Multi-Peril Crop Hail		
	Other Line of Insurance		
Doe		(s) or certain class(s)? If so, specify	:
		s rates of an advisory organization, s Allied Lines Loss Costs , reference o	
	Adjusted to reflect all prior rate chan Change in Company's premium level	ges. I which will result from application of	new rates.
	The Insu	rance Company of the State of Penn Name of Company	nsylvania
	loan D. B	taskanvilla. Filings Analyst	

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium	or rate leve	el produced by	rate revision
effective 01/01/2010	•		•

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
••	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger	,	•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	115,261	-3.9%
10.	Extended Coverage	110,201	-5.570
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Allied Lines	77,932	-3.9%
10.	Life of Insurance	77,332	-3.378
	Ello of modranoc		
·	Does filing only apply to cert Classes? If so, specify: N/A	tain territory (territories) or	certain
	Brief description of filing. (If	filing follows rates of an a	dvisory
	Organization, specify		
	organization):		ercial Property Rating Program
	as replacement for the one curre	ntly in use by the LUA. Adoption	n of ISO rules CF-2007-RRU07.
	*Adjusted to reflect all prior in the street and the street all prior in the s		It from application of new
		Lumbermen's Und	erwriting Alliance

Name of Company
Mindy P. Appel - VP/General Counsel & Secretary
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 01/31/2010 (3) (1) (2) **Annual Premium** Percent Change (+ or -)** Volume (Illinois)* **Coverage Automobile Liability Private** Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety **Boiler and Machinery** 8. -5.5% 9. Fire 1,020,541 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt ISO Loss Costs and Rules and revise LCM's. **Change in Company's premium level which will result from application of new rates. Massachusetts Bay Insurance Company

*Adjusted	l to	reflect	all	prior	rate	changes.
-----------	------	---------	-----	-------	------	----------

Name of Company	
Michele L. Holm - Pricing Consultant	
Official - Title	

,	Change in Company's premium or rate	e level produced by rate revision effective	October 19, 2009
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	331,270	-0.7%
10.	Extended Coverage	155,543	-0.7%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Total of All Other	3.750,883	0
	Comml Pr Cov &	•	
•	Pgms		
	Line of Insurance		-
	2mo or mouranos		
Does f	iling only apply to certain territory (ter	rritories) or certain classes? If so, specify:	
N/A			
Brief d	lescription of filing. (If filing follows	rates of an advisory organization, specify of	organization):
		Loss Cost Revision - CF-2009-RLA	

National Surety Corp Name of Company

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

For	n (RF-3)	SUMMARY SHEET	
	Change in Company's prevision effective0	oremium or rate level produced by rate 4/01/10	-·
	(1)	(2) Statewide Annual	(3) Percent Change
	Coverage	Premium Volume *	(+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
6.	Fidelity		
7.	Surety		
	Boiler and Machinery		
	Fire & Allied	220,542	+0.4
	Extended Coverage		
11.	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
Dos	Line of Insurance	tory(s) or certain class(s)? If so, specify:	
D06	is ming only apply to certain term	tory(s) or certain dass(s): 11 so, specify.	
		llows rates of an advisory organization, s and Allied Lines Loss Costs , reference d	
	Adjusted to reflect all prior rate of Change in Company's premium l	changes. level which will result from application of r	new rates.
	_Natio	onal Union Fire Insurance Company of Pit Name of Company	ttsburgh, Pa.
	Joan	D. Baskerville, Filings Analyst	
	<u></u>	Official - Title	

nge
n): <u>009-RL</u> A1

	(4)	(2)	(2)
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change ('+ or -)**
	Coverage	Volume (minolo)	Ondrigo (· Or T
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
, . B.	Boiler and Machinery		
9.	Fire	\$1,001,636	0.4%
10.	Extended Coverage	Ψ1,001,000	
11.	Inland Marine		
11. 12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance		
	s Filing only apply to certain territo	ory (territories) or certain	
ask	ses? If so, specify:		
	f description of filing. (If filing follownization, specify organization):	ws rates of an advisory Adoption of ISO's Revised Comm Advisory Prospective Loss Cost	
	* Adjusted to reflect all prior rate c * Change in Company's premium result from application of new rat	level which will	
		Samasa Inguranas Camp	••••
		Seneca Insurance Compa	Name of Company
			INCHES OF COMMISSION

Kevin Purcell - VP IRC, LLC
Official - Title

Change in Company's premium or rate level produced by rate revision effective			12/15/2009	
	<u> </u>	<u> </u>		
	(1)	(2)	"(3)	
	`,	Annual Premium	Percent	
	Coverage	Volume (Illinois)	Change (+ or -)	
	<u></u>			
1	Automobile Liability Private			
	Passenger Commercial			
2	Automobile Physical Damage			
	Private Passenger Commercial			
3	Liability Other Than Auto			
	Burglary and Theft			
	Glass			
	Fidelity			
	Surety			
	Boiler and Machinery			
	Fire (& Allied Lines)	36,844	-15.0%	
	Extended Coverage		10.070	
	Inland Marine (Commercial)			
	Homeowners			
	Commercial Multi-Peril		***************************************	
	Crop Hail			
15	Other Line of Insurance	-		
	Line of insurance			
D	films only analyte contain torritory	(tarritarias) or cortain alcosos? If as anos	sifi e	
Does		(territories) or certain classes? If so, spec		
		au rated business written in 29 Non-Banki 59, 6162, 6163, 6211, 6221, 6231, 6282, 6		
	6331, 6351, 6361, 6371, 6399, 67	12, 6719, 6722, 6726, 6732, 6733, 6792, 6	5794, 6796, 6799.	
D. 1. C	description of files (If files follows			
Briet	· • • • • • •	rates of an advisory organization, specify		
		r St. Paul Fire & Marine Insurance Compa		
		SIC codes. We feel this will put us in a b	etter position to offer	
	competitive and actuarially sound	rates.		
*	Adjusted to reflect all prior rate cha	_		
**	Change in Company's premium lev	vel which will result from application of new	w rates.	
		S. S. J. S. A. A. J. J.		
		St. Paul Fire & Marine Ins		
		Name of Com	pany	
		Lori O'Keefe, 2nd VP		
		Official - Ti	tle	

Change in C	Company's premium or rate le	evel produced by rate revision effective	12/15/2009
	,		
			11/07
	(1)	(2)	"(3) Descent
		Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)	Change (+ or -)
1 Autom	obile Liability Private		
	nger Commercial		
	obile Physical Damage		
	e Passenger Commercial		
	y Other Than Auto		
	ry and Theft		
5 Glass	,		
6 Fidelit	v		
7 Surety			
-	and Machinery		
	& Allied Lines)	18,261	-32.9%
	ded Coverage		
	Marine (Commercial)		
12 Home			
	nercial Multi-Peril		
14 Crop I			
-			
70 04.10.	Line of Insurance		
Does filing o	only apply to certain territory	(territories) or certain classes? If so, specif	fy:
		au rated business written in 29 Non-Bankin	
		59, 6162, 6163, 6211, 6221, 6231, 6282, 62	
		12, 6719, 6722, 6726, 6732, 6733, 6792, 67	
Brief descrip	otion of filing. (If filing follows	rates of an advisory organization, specify of	organization):
		ur St. Paul Mercury Insurance Company de	
		SIC codes. We feel this will put us in a be-	
	etitive and actuarially sound		
* Adjust	ted to reflect all prior rate cha	anges.	
		vel which will result from application of new	rates.
	,	•	
		St. Paul Mercury Insurar	nce Company
		Name of Comp	
		Lori O'Keefe, 2nd VP	
		Official - Titl	
		Uniciai - Tin	℧

Change in Company's premium or rate le	evel produced by rate revision effective	12/15/2009
	·	
40	(2)	"(3)
(1)	(2) Annual Premium	Percent
•		Change (+ or -)
<u>Coverage</u>	Volume (Illinois)	Change (+ or -)
1 Automobile Liability Private		
Passenger Commercial		
2 Automobile Physical Damage		
Private Passenger Commercial		
3 Liability Other Than Auto		
4 Burglary and Theft		
5 Glass		
6 Fidelity		
7 Surety		
8 Boiler and Machinery		
9 Fire (& Allied Lines)	12,778	-34.5%
10 Extended Coverage		
11 Inland Marine (Commercial)		
12 Homeowners		
13 Commercial Multi-Peril		
14 Crop Hail		
15 Other		
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specif	y:
	au rated business written in 29 Non-Bankin	
	59, 6162, 6163, 6211, 6221, 6231, 6282, 62	
	12, 6719, 6722, 6726, 6732, 6733, 6792, 67	
Brief description of filing. (If filing follows	rates of an advisory organization, specify o	rganization):
With this filing, we are adjusting ou	ır St. Paul Protective Insurance Company d	eviation for 29
Non-Banking Financial Institutions	SIC codes. We feel this will put us in a bet	ter position to offer
competitive and actuarially sound	rates.	
 Adjusted to reflect all prior rate cha 	anges.	
** Change in Company's premium le	vel which will result from application of new	rates.
	St. Paul Protective Insura	nce Company
	Name of Comp	
	·	. *
	Lori O'Keefe, 2nd VP	
	Official - Title)

Change in Company's premium or rate level produced by rate revision effective		04/01/2010
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine 	107,889	+0.4%
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other	territories) or certain classes? If so, specif	y: <u>N/A</u>
Insurance Services Office, Inc. (ISO) Commercial Fire and Allied Lines Advisor *Adjusted to reflect all prior rate changes		
	Stoning	gton Insurance Company Name of Company Vice President - Technical Services Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's pr	remium or rate	level produced	by rate revision
effective 04/01/2010			

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	1,234,448	+0.4
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	·	
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certa Classes? If so,	in territory (territories) or	certain
	specify: No		
	Brief description of filing. (If fi Organization, specify	ling follows rates of an a	advisory
	organization):	We are adopting ISO	reference number CF-200-RLA1
	*Adjusted to reflect all prior re	to changes	
	*Adjusted to reflect all prior ra **Change in Company's prem		ılt from application of new
	rates.	United States Fire	Insurance Company

Name of Company
Sharon D. Smith, Regulatory Compliance Analyst
Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
iability Other Than Auto		
Burglary and Theft		
Glass		
idelity		
Surety		
Boiler and Machinery		
Fire	4,621,321	+2.2%
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Life of insurance		
Does filing only apply to certa	in territory (territories) o	r certain
Classes? If so,	,	
specify: No.		
Brief description of filing. (If f	iling follows rates of an a	advisorv
Organization, specify	g	,
organization):	We are updating Property N	Modification factors for our Childcare
business from .83 to .93. The overall cha		···

West Bend Mutual Insurance Company

Name of Company

Jessica Rudnik - Product Development Technician

Official - Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in company's premium or rate le	evel produced by rate revision	on effective4	/1/2010
(1) <u>Coverage</u>	(2) Annual Premium Volume(Illinois)*		(3) Percent nge (+ or -)
			
1. Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. surety			
8. Boiler and Machinery			
9. Fire	\$35,834		0.4%
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other			
Line of Insurance			
Does filing only apply to certain territory Brief description of filing . (If filing follow Adoption of ISO Loss Cost, CF-2009-R	rs rates of an advisory orgar		No no):
*Adjusted to reflect all prior rate change: **Change in Company's premium level v		ation of new rates.	
		Westport Insurance C	orporation
		Name of comp	
		Linda Snook, Compliand	ce Specialist
	-	Official-Title	